

STATE BOARD OF ELECTIONS
STATE OF ILLINOIS

1020 South Spring Street, P.O. Box 4187
Springfield, Illinois 62708
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Fax: 217/782-5959

James R. Thompson Center
100 West Randolph, Suite 14-100
Chicago, Illinois 60601
312/814-6440 TTY: 312/814-6431
Fax: 312/814-6485



EXECUTIVE DIRECTOR
Daniel W. White

BOARD MEMBERS
Jesse R. Smart, Chairman
Wanda L. Rednour, Vice Chairman
Patrick A. Brady
John R. Keith
William M. McGuffage
Albert S. Porter
Bryan A. Schneider
Robert J. Walters

January 24, 2007

Mr. Tom Wilkey
Executive Director
Election Assistance Commission
1225 New York Avenue, NW Suite 1100
Washington, DC 20005

Dear Tom:

Enclosed you will find amended HAVA financial reports as requested in your letter of January 10, 2007. Should you have any questions do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Dan White".

Daniel W. White
Executive Director

Enclosures (via UPS)

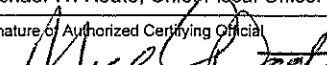
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FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

12/15/20 1/2/2007

| | | | | | |
|---|--|--|--|--|-------------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Election Assistance Commission | | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency Title I, Section 102 (Through Calendar Year 2004) | | OMB Approval No. 0348-0039 | Page of 1 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) Illinois State Board of Elections 1020 South Spring Street, Springfield, IL 62704 | | | | | |
| 4. Employer Identification Number 37-6002057 | | 5. Recipient Account Number or Identifying Number CFDA# 39.011 | | 6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual | | | | | |
| 8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 7/1/2003 | | 9. Period Covered by this Report From: (Month, Day, Year) 1/1/2004 | | To: (Month, Day, Year) 12/31/2004 | |
| 10. Transactions: | | I Previously Reported | | II This Period | |
| | | III Cumulative | | | |
| a. Total outlays | | 0.00 | | 12,280,500.00 | |
| b. Refunds, rebates, etc. | | | | 0.00 | |
| c. Program income used in accordance with the deduction alternative | | | | 0.00 | |
| d. Net outlays (Line a, less the sum of lines b and c) | | 0.00 | | 12,280,500.00 | |
| 11. Recipient's share of net outlays, consisting of: | | | | | |
| e. Third party (in-kind) contributions | | | | 0.00 | |
| f. Other Federal awards authorized to be used to match this award | | | | 0.00 | |
| g. Program income used in accordance with the matching or cost sharing alternative | | | | 0.00 | |
| h. All other recipient outlays not shown on lines e, f or g | | | | 0.00 | |
| i. Total recipient share of net outlays (Sum of lines e, f, g and h) | | 0.00 | | 0.00 | |
| j. Federal share of net outlays (line d less line i) | | 0.00 | | 12,280,500.00 | |
| k. Total unliquidated obligations | | | | | |
| l. Recipient's share of unliquidated obligations | | | | | |
| m. Federal share of unliquidated obligations | | | | | |
| n. Total Federal share (sum of lines j and m) | | | | 12,280,500.00 | |
| o. Total Federal funds authorized for this funding period | | | | 33,805,617.00 | |
| p. Unobligated balance of Federal funds (Line o minus line n) | | | | 21,525,117.00 | |
| Program income, consisting of: | | | | | |
| q. Disbursed program income shown on lines c and/or g above | | | | | |
| r. Disbursed program income using the addition alternative | | | | | |
| s. Undisbursed program income | | | | | |
| t. Total program income realized (Sum of lines q, r and s) | | | | 0.00 | |
| 11. Indirect Expense | | a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed | | | |
| | | b. Rate In Development | | c. Base In Development | |
| | | d. Total Amount | | e. Federal Share | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Indirect cost rate plan in development for this program. | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | | | | | |
| Typed or Printed Name and Title Michael W. Roate, Chief Fiscal Officer | | | | Telephone (Area code, number and extension) (217) 782-1525 | |
| Signature of Authorized Certifying Official  | | | | Date Report Submitted January 20, 2007 | |

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